	EPARTMENT OF HEALTH SERVICES
STATE OF ARIZONA	CERTIFICATE NO
County Of Maricopa	DOCKET NOEMS 3026
	RTMENT OF HEALTH SERVICES has found, under the authority of A.R.S. \$36-2232 et seq. and Services rules, that public necessity requires the operation of
2	•
WHEISTONE FIRE DI	ISTRICT dba WHETSTONE FIRE DISTRICT AMBULANCE SERVICE
as a <u>ALS and BLS</u> sick, injured, wounded or otherwise in and response times:	ambulance service in the State of Arizona for the transportation of individuals who are necessarily necessarily necessarily necessarily ambulance service in the State of Arizona for the transportation of individuals who are necessarily necessaril
1. Service Area: Starting at	t milepost 45.3 on State Highway 82, which is at the Cochise-Santa Cruz County
line, proceed due North to the	e Southwest corner of Section 31, Township 19 South, Range 19 East; proceed
east through the Southeast co	orner of Section 36, Township 19 South, Range 20 East, to the San Pedro River;
the North Bank of the Bahoo	of the River, South to its intersection with the Babocomari River; proceed alonomari River, generally South and West, to a point due South of milepost 45.3 or
the Cochise-Santa Cruz Cour	nty line; and proceed due North to the point of beginning.
2. Central Operations Statio	on: Whetstone, Arizona.
3. Response Times:	ALTA DITAT DEUS \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
	inety (90) percent of all ambulance calls.
	n ninety-five (95) percent of all ambulance calls.
c. Thirty (30) minutes on	one hundred (100) percent of all ambulance calls.
Now, therefore, by virtue of	of the authority vested in the Arizona Department of Health Services, under the constitution
and laws of the State of Arizona, do	oes hereby grant this
	RENEWAL
n 1	CERTIFICATE OF NECESSITY
	CERTIFICATE OF NECESSITY
authorizing the operation of the afor	resaid ambulance service for a period ending January 31, 2010
unless for cause sooner amended, Department.	suspended, revoked or terminated subject to the decisions and orders, and rules of the
	ficate shall not be assigned nor transferred unless authorized by the Arizona Department
of Health Services.	
MANA	
	BY THE ORDER OF THE ARIZONA DEPARTMENT OF HEALTH SERVICES, IN
S SWIN S	WITNESS WHEREOF, I SUSAN GERARD
	the Director of the Arizona Department of Health Services, have hereunto set my
	hand and caused the official seal of the Arizona Department of Health Services to be affixed at Phoenix, Arizona on
	to be different internal, reference of
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PART AND	M. U.